

HOUSE BILL REPORT

ESHB 1926

As Passed House:

March 6, 2009

Title: An act relating to exempting from certificate of need requirements hospice agencies that serve the unique cultural or religious needs of religious groups or ethnic minorities.

Brief Description: Exempting certain hospice agencies from certificate of need requirements.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Cody, Ericksen, Appleton, Pettigrew, Kenney, Moeller and Ormsby).

Brief History:

Committee Activity:

Health Care & Wellness: 2/13/09, 2/20/09 [DPS].

Floor Activity

Passed House: 3/6/09, 96-0.

Brief Summary of Engrossed Substitute Bill

- Exempts hospice agencies from the certificate of need process if the agencies provide services designed to meet the religious or cultural needs of religious groups or ethnic minorities.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 13 members: Representatives Cody, Chair; Driscoll, Vice Chair; Ericksen, Ranking Minority Member; Bailey, Campbell, Clibborn, Green, Herrera, Hinkle, Kelley, Moeller, Morrell and Pedersen.

Staff: Jim Morishima (786-7191)

Background:

A certificate of need is required before:

- a health care facility may be constructed, renovated, or sold;
- the bed capacity at certain health care facilities is increased;

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- the number of dialysis stations at a kidney disease center is increased; or
- the addition of specialized health services.

When determining whether to issue a certificate of need, the Department of Health (DOH) must consider:

- the population's need for the service;
- the availability of less costly or more effective methods of providing the service;
- the financial feasibility and probable impact of the proposal on the cost of health care in the community;
- the need and availability of services and facilities for physicians and patients in the community;
- the efficiency and appropriateness of the use of existing similar services and facilities; and
- improvements in the financing and delivery of health services that contain costs and promote quality assurance.

Summary of Engrossed Substitute Bill:

A certificate of need is not required for a hospice agency if:

- the hospice agency is designed to serve the unique religious or cultural needs of a religious group or ethnic minority and commits to furnishing hospice services in a manner specifically aimed at meeting those needs;
- the hospice agency is operated by an organization that has operated, for at least 10 consecutive years, a facility or group of facilities that offers a comprehensive continuum of long-term care services (including, at a minimum, a licensed, Medicare-certified nursing home, assisted living, independent living, day health, and community-based support services) designed to meet the unique religious or cultural needs of a religious group or ethnic minority;
- the hospice agency commits to coordinating with existing hospice programs in its community when appropriate;
- the hospice agency has a census of no more than 40 patients;
- the hospice agency commits to obtaining and maintaining Medicare certification;
- the hospice agency only provides services to patients located in the same county as the majority of the long-term care services offered by the organization that operates the agency; and
- the hospice agency is not sold or transferred to another entity.

The DOH must include the patient census for an exempted agency in its calculations for future certificate of need applications.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) This bill is important to the Jewish community. Jewish people have unique end-of-life needs because of their cultural importance and the specific laws regarding the end of life in the Jewish religion. Judaism also has different medical ethics relating to the end of life. A Jewish hospice agency can also be valuable to survivors of the Holocaust and other religious persecution, especially those with dementia. Hospice workers trained in the cultural needs of the Jewish community are not enough; Jewish patients need the expertise of an organization completely geared toward serving the Jewish community.

(Opposed) This bill weakens the certificate of need process, which protects the quality of, and access to, palliative care. Existing hospice agencies already provide culturally-sensitive care that is geared toward the unique needs of patients regardless of race, ethnicity, religion, color, age, sexual orientation, gender, disease process, disability, or any other characteristic. They work collaboratively with the family, the patient, and staff to develop a plan of care.

Persons Testifying: (In support) Jeff Cohen and David Brumer, Kline Galland Home; and Lily Dajeau.

(Opposed) Lisa Butler, Washington State Hospice and Palliative Care Organization.

Persons Signed In To Testify But Not Testifying: None.